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CONFIRMATION NO. 4040

<b>SERIAL NUMBER</b> 10/797,171	<b>FILING OR 371(c) DATE</b> 03/10/2004 <b>RULE</b>	<b>CLASS</b> 433	<b>GROUP ART UNIT</b> 3732	<b>ATTORNEY DOCKET NO.</b> 31007/32003
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/454,261 03/13/2003 *unp*

## \*\*\* FOREIGN APPLICATIONS \*\*\*\*\*

*None unp*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

05/29/2004

\*\* SMALL ENTITY \*\*

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> IL	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 45	<b>INDEPENDENT CLAIMS</b> 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>unp</i> Initials				

## ADDRESS

04743

## TITLE

Ultrasonic insert with internal flow channel

<b>FILING FEE RECEIVED</b> 718	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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